



## Complete Summary

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### TITLE

Patients' experiences: percentage of parents/guardians who reported how often it was easy for them to get appointments and needed care for their child.

### SOURCE(S)

Agency for Healthcare Research and Quality (AHRQ). CAHPS® clinician & group survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008. various p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Access

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of parents/guardians who indicated how often ("Never," "Sometimes," "Usually," or "Always") it was easy for them to get appointments and needed care for their child.

This measure summarizes answers to survey questions that asked parents/guardians **how often** their child:

- Got an appointment for urgent care soon as they thought they needed.
- Got an appointment for a check-up or routine care soon as they thought they needed.
- Got an answer to their medical question that same day when they phoned the doctor's office during regular office hours.
- Got an answer to their medical question as soon as they thought they needed when they phoned the doctor's office after regular office hours.

- Saw their doctor within 15 minutes of their appointment time.

The "Getting Appointments and Health Care When Needed" composite measure is based on five questions in the CAHPS Clinician & Group Survey Child Primary Care Questionnaire 2.0. Please note that there is another version of the survey: [CAHPS Clinician & Group Survey Child Primary Care Questionnaire 1.0](#).

**Note:** A composite score is calculated in which a higher score indicates better quality. Composite scores are intended for consumer-level reporting. Additionally, frequency distributions are available for plans or providers to use for quality improvement purposes.

## **RATIONALE**

The CAHPS Clinician & Group Survey refers to three instruments that ask patients about their experiences with doctors and their office staff. The Child Primary Care Questionnaire 2.0 captures the parents'/guardians' perspective on the quality of care provided by primary care physicians to their children. This information is useful to physicians aiming to improve the patient-centeredness of the care they deliver as well as to patients trying to make informed decisions when selecting a physician.

## **PRIMARY CLINICAL COMPONENT**

Child primary care; parent/guardian caregivers' experiences; access to appointments/needed care

## **DENOMINATOR DESCRIPTION**

Patients age 17 years and younger whose parent/guardian answered the "Getting Appointments and Health Care When Needed" questions on the CAHPS Clinician & Group Survey Child Primary Care Questionnaire 2.0 (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

## **NUMERATOR DESCRIPTION**

The number of "Never," "Sometimes," "Usually," or "Always" responses on the "Getting Appointments and Health Care When Needed" questions (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation  
Decision-making by businesses about health-plan purchasing  
Decision-making by consumers about health plan/provider choice  
External oversight/State government program  
External oversight/Veterans Health Administration  
Internal quality improvement  
Quality of care research

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Age less than or equal to 17 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### **INCIDENCE/PREVALENCE**

Unspecified

### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

### **BURDEN OF ILLNESS**

Unspecified

### **UTILIZATION**

Unspecified

### **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### **IOM CARE NEED**

Getting Better  
Living with Illness  
Staying Healthy

### **IOM DOMAIN**

Patient-centeredness

## Data Collection for the Measure

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Health plan members age 17 years and younger who are currently enrolled in the health plan (commercial, Medicaid, or Medicare) and who have had at least one visit to the primary care physician in the prior 12 months

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients age 17 years and younger whose parent/guardian answered the "Getting Appointments and Health Care When Needed" questions on the CAHPS Clinician & Group Survey Child Primary Care Questionnaire 2.0. Include refusals, non-response, and bad addresses/phone numbers. See the "Description of Case Finding" field.

### **Exclusions**

- Deceased
- Ineligible (did not receive care in the last 12 months)

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Encounter  
Patient Characteristic

## **DENOMINATOR TIME WINDOW**

Time window precedes index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

The number of "Never," "Sometimes," "Usually," or "Always" responses on the "Getting Appointments and Health Care When Needed" questions

From the responses, a composite score is calculated in which a higher score indicates better quality.

**Note:** Include all completed questionnaires. A questionnaire is considered complete if responses are available for 21 or more of the 42 key survey items. Refer to the original measure documentation for more information.

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Administrative data  
Medical record  
Patient survey

**LEVEL OF DETERMINATION OF QUALITY**

Not Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Non-weighted Score/Composite/Scale

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Case-mix adjustment

**DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS**

CAHPS recommends adjusting the data for respondent age, education, and general health status.

**STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

The Center for Survey Research (CSR) at the University of Massachusetts Boston, under the aegis of Yale Medical School's Department of Epidemiology and Public

Health, developed and tested a revised version of this CAHPS instrument for children. This work was funded by The Commonwealth Fund.

The survey instrument underwent a multi-stage development process, including focus groups, cognitive interviews, a telephone pretest, and a field test. CSR received stakeholder input from the American Board of Pediatrics as well as from parents and guardians through their participation in the focus groups and cognitive interviews.

The questionnaire was field tested in Massachusetts by surveying parents or guardians of a sample of children (n=1,000) who had been seen at a doctor's office in the previous 12-month period. The mixed-mode, dual language (English and Spanish) field test included both mailed questionnaires and telephone administration.

## **EVIDENCE FOR RELIABILITY/VALIDITY TESTING**

Agency for Healthcare Research and Quality (AHRQ). CAHPS® clinician & group survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008. various p.

### **Identifying Information**

#### **ORIGINAL TITLE**

Getting appointments and health care when needed.

#### **MEASURE COLLECTION**

[CAHPS Clinician & Group Survey](#)

#### **MEASURE SET NAME**

[CAHPS Clinician & Group Survey, Child Primary Care Questionnaire 2.0](#)

#### **SUBMITTER**

Agency for Healthcare Research and Quality

#### **DEVELOPER**

Agency for Healthcare Research and Quality  
CAHPS Consortium

#### **FUNDING SOURCE(S)**

The Commonwealth Fund

#### **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

The Yale School of Public Health, Agency for Healthcare Quality and Research (AHRQ), RAND, Westat, and The Commonwealth Fund.

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2008 Sep

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

Agency for Healthcare Research and Quality (AHRQ). CAHPS® clinician & group survey and reporting kit 2008. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2008. various p.

## **MEASURE AVAILABILITY**

The individual measure, "Getting Appointments and Health Care When Needed," is published in the "CAHPS Clinician & Group Survey and Reporting Kit." This Kit may be downloaded at the [CAHPS Web site](#).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on June 26, 2009. The information was verified by the measure developer on August 7, 2009.

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